



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING
500 DEADERICK STREET, 15TH FLOOR
NASHVILLE, TENNESSEE 37243

MEMORANDUM

DATE: April 18, 2005

TO: Contracted Providers

FROM: Stephen H. Norris, Deputy Commissioner

CC: Larry Latham, Pat Nichols, Steve Tepley, Debbie Payne,
Donna Allen, Jim Finch, Carole Cope, and Dennis Beard

RE: DMRS Perpetrator List Security

During the regional presentations on Chapter 18 of the Provider Manual, questions were raised concerning security issues surrounding the release of information from the DMRS Perpetrator List. This list may be accessed through the DMRS website beginning May 1, 2005.

Prior to receiving access to the DMRS Perpetrator List, DMRS shall assign and forward each Provider a security code to access the website.

Each Provider will also need to identify at least three (3) management staff persons, with one being the Executive Director, who are authorized to receive information and maintain the confidentiality of the information supplied through the DMRS Perpetrator List. The identified management staff and Executive Director will be assigned different security codes.

By April 30, 2005, each provider should submit at least three (3) names of management staff persons, one being the Executive Director, who will have access to the information contained in the DMRS Perpetrator List. The submission shall include:

- The *Request for Management Staff Security Code*
- The *Statement for Release of Information* (1 for each management staff and 1 for the Executive Director)

This information should be forwarded to the DMRS Protection from Harm Unit; Dennis Beard, Assistant Director of Investigations; telephone 615-532-6549, e-mail dennis.beard@state.tn.us, fax 615-253-4921.

The above information is necessary for any new or different staff person assuming responsibility for information obtained through the DMRS Perpetrator List prior to the new or different staff person obtaining a security code.

In the event a management staff person or Executive Director assigned this responsibility changes, the Provider is responsible for:

- Notifying the DMRS Protection from Harm Unit, Dennis Beard, that a management staff person or the former Executive Director, is no longer authorized to receive information.
- Submitting the name of a replacement management staff person or Executive Director who will be assuming this responsibility.

In order to access the DMRS Perpetrator List, both the Provider security code, and the management staff person's or Executive Director's security code will be necessary.

As stated when a query is made on a name through the website you will receive one of two answers; 1) there is no record found for the name submitted, or 2) the Provider needs to contact the DMRS Office of Protection from Harm for further information. You **will not** receive information through the website on the names you queried.

If you have further questions, please contact Dennis Beard at the above telephone number or e-mail address.

SHN/CC/DP

Attachments

Provider Letterhead
(place the following form on your
letterhead)

**REQUEST FOR MANAGEMENT STAFF SECURITY CODE
FOR DMRS PERPETRATOR LIST**

I, (*Executive Director*), of (*Provider name*), located in the (???) region, submit my name as well as the name(s)* of Management Staff as the ones who will have the responsibility for obtaining information and maintaining confidentiality in accordance with Title 33 of the *Tennessee Code Annotated* and the Health Insurance Portability and Accountability Act (HIPAA) of the information received from the DMRS Perpetrator List.

NAME OF EXECUTIVE DIRECTOR AND NAMES OF MANAGEMENT STAFF	TITLE	CONTACT INFORMATION (email address and telephone #)	REPLACING (if replacement for a previous staff person enter name of previous staff person)
	Executive Director		

Also attached are the *Release of Information Forms* containing the required information for myself the management staff listed above.

Executive Director: _____

Date: _____

*Note: Initial submission should contain three (3) names, replacement submission could only contain one name. Only three (3) staff per Provider will be assigned security codes at any given time; the Executive Director and 2 other management staff.

PROVIDER LETTERHEAD

(Place the below form on your letterhead)

STATEMENT FOR RELEASE OF INFORMATION

Date:

Name of Agency & Region:

Full Name of Employee:

Previously used names (nicknames, maiden name, etc.)

DOB:

SS#:

DL#:

State of DL:

Hire Date:

I, *(name of employee or contractor)*, certify and affirm that to the best of my knowledge and belief I have or have not (as applicable) had or received a finding of a substantiated case of abuse, neglect, mistreatment, or exploitation against me. In order to verify this affirmation, I further release and authorize *(Provider's name and region)* and the Tennessee Division of Mental Retardation Services to have full and complete access to any and all current or prior personnel or investigative records as pertains to any substantiated allegations against me of abuse, neglect, mistreatment, or exploitation.

Signature of Employee:

Date:

Witness:

Date: